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The Executive Director

Contribution of the Executive Director of the United Nations Office on Drugs and Crime to the special session of the General Assembly on the world drug problem to be held in 2016

Summary

This paper seeks to contribute to the discussion leading to the special session of the General Assembly on the world drug problem by providing a reflection on key issues related to the drug domain. Recognizing that defining international drug policy remains well in the remit of Member States, this contribution is based on the profound and unique expertise of the United Nations Office on Drugs and Crime (UNODC) and its multi-decade experience in supporting countries in establishing norms, producing research and delivering technical assistance programmes in addressing the drug problem. The first part analyses the drug problem in the context of other overarching issues such as development, crime, violence and terrorism. It describes the drug problem and its effective solutions as experienced by UNODC in the implementation of its programmes. The second part contains recommendations which aim at providing suggestions on how the international community can use the conventions to implement a more effective approach to the challenges of drugs in the context of overarching global processes such as the Sustainable Development Goals and in full compliance with human rights standards.

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I. Assessment of some key elements related to the drug problem based on research findings and lessons learned from United Nations Office on Drugs and Crime operational support to Member States

A. Drugs and other overarching global issues

1. Drugs and health

1. The use of narcotic drugs and psychotropic substances for non-medical or non-scientific purposes, as well as the related drug use disorders, produces multiple and often serious health consequences. In addition, it results in high costs to society in terms of social problems, inpaired family and community cohesion and lost productivity. There are some 250 million people worldwide who use drugs, including occasional users. Among those, 27 million people suffer from drug use disorders, including 12 million people who inject drugs.

2. Globally, almost 200,000 individuals lose their life each year due to drug use disorders.[1] People who regularly use drugs tend to die early and live with disabilities. The Global Burden of Diseases, Injuries and Risk Factors Study suggests that almost 18 million years are lost globally every year due to premature death or disability due to drug use disorders. The bulk of that total — more than 8 million years — can be linked to the use of opioids.[2]

3. Around 13.5 per cent of people who inject drugs are infected with HIV, a far higher proportion than among the general population (0.8 per cent). The incidence of hepatitis C among people who inject drugs exceeds 50 per cent[3,4] — again, a higher proportion than among the general population (around 3 per cent). Greater vulnerability among people who inject drugs is also seen for hepatitis B and tuberculosis. However, evidence-based programmes continue to have very low levels of coverage in many regions of the world,[5] and their implementation is underfunded.[6]

4. Drug use and drug use disorders are primarily public health concerns that require a public health response. Prevention is central to the international drug control conventions to avoid or delay the initiation of drug use and the potential transition to drug use disorders. Once developed, drug use disorders become complex, multifaceted and relapsing chronic conditions requiring ongoing treatment, care, rehabilitation and social reintegration. At the global level, significant gaps remain in the delivery of prevention, treatment and rehabilitation

[1] For 2013, UNODC estimated the number at 187,000 people (*World Drug Report 2015* (United Nations publication, Sales No. E.15.XI.6)).

[2] L. Dagenhardt and others, Global burden of disease attributable to illicit drug use and dependence: findings from the Global Burden of Disease Study 2010, *The Lancet*, vol. 382, No. 9904 (9-15 November 2013), pp. 1564-1574.

[3] *World Drug Report 2015*.

[4] E.CN.7/2016/4.

[5] David P. Wilson and others, "The cost-effectiveness of harm reduction", *International Journal of Drug Policy*, vol. 26, Suppl. No. 1 (2015), pp. S5-S11.

[6] UNAIDS Programme Coordinating Board, "Halving HIV transmission among people who inject drugs: background note". UNAIDS/PCB (35)/14.27, 25 November 2014.

services. About a third of countries that have a national demand reduction strategy reported that such strategies remained unfunded.[7]

5. Access to pain medication is another important link between drugs and health. In the international drug control conventions, States parties have recognized that the availability of internationally controlled narcotic drugs and psychotropic substances for medical and scientific purposes is indispensable and that their availability to relieve pain and suffering should not be unduly restricted. Yet 5.5 billion people, three quarters of the world's population, have little or no access to medicines containing narcotic drugs and have inadequate access to treatment for moderate to severe pain.[8] The World Health Organization (WHO) estimates that each year, 5.5 million terminal cancer patients and 1 million end-stage HIV/AIDS patients, as well as many other people with chronic, non-malignant pain suffer untreated or undertreated moderate to severe pain. While some controlled substances play an important role in the management of pain, the strategies in place in some countries to prevent abuse, misuse and diversion may sometimes affect the availability of these substances.

2. Drugs, terrorism and violent extremism

6. Illicit drug cultivation, production and trafficking may become an important source of income for extremist and insurgent groups and terrorist organizations; they may do so by actively engaging in or facilitating the illicit activity or by extracting a monetary premium in return for tolerating such activities. In Afghanistan, where the Taliban are known to benefit from the various stages of the supply chain, the total value of the illicit opiate economy was 2.8 billion dollars in 2014. It is estimated that the Taliban have profited by almost 200 million dollars per year from the opiate supply chain.[9] The latest data related to 2015 show that the great majority of farmers in the east and west of the country continue to pay 10 per cent of their opium income to extremist groups.[10]

7. In recent years, West Africa has become a significant transit point for cocaine trafficking to Europe. As of 2010, the flow of cocaine through West Africa was estimated to represent about 10 per cent of the consumption in Europe, corresponding to a value of 1.25 billion dollars at the wholesale level[11] — of which an unknown proportion may have accrued to terrorist organizations. There are also accounts of armed groups and terrorist organizations, such as Al-Qaeda in the Islamic Maghreb, deriving criminal proceeds from trafficking through the Sahel.

8. The Middle East has long been affected by large-scale trafficking of Captagon (an amphetamine-type stimulant), with large quantities increasingly flowing from the Syrian Arab Republic to consumer markets in the Gulf. The presence of violent extremist groups operating in the Syrian Arab Republic and the associated instability and lack of rule of law has increased the vulnerability of that country to

[7] E/CN.7/2016/6.

[8] *Report of the International Narcotics Control Board for 2015* (E/INCB/2015/1).

[9] An updated estimate based on the data published in *The Global Afghan Opium Trade: A Threat Assessment* (United Nations publication, Sales No. E.11.XI.11).

[10] UNODC and Ministry of Counter Narcotics of Afghanistan, *Afghanistan Opium Survey 2014: Socio-economic Analysis* (March 2015).

[11] UNODC, *Transnational Organized Crime in West Africa: A Threat Assessment* (Vienna, 2013).

the manufacture of Captagon. Some of those groups, such as the Islamic State in Iraq and the Levant (ISIL), are now believed to facilitate the smuggling of chemical precursors for the manufacture of Captagon, with some accounts suggesting that they also benefit from trafficking in that product.

3. Drugs and violence

9. In numerous instances, drug production and trafficking can be linked to high levels of violence. In some cases, violence can be an enabler of drug trafficking. For example, high levels of violence can contribute to insecurity and the weakening of the rule of law and State structures, thereby facilitating illicit activity such as illicit drug cultivation and manufacture. In other cases, drug trafficking contributes to increasing levels of violence. That can happen directly, for example, when trafficking organizations battle over potential business or against the State, or indirectly, for example, when the use of trafficked drugs may lead to violence by users. Small-scale drug trafficking can also create a feeling of insecurity in affected communities.

10. Several countries in Latin America have experienced high levels of violence that are linked to the activities of drug trafficking organizations. Some countries of Central America, South America and the Caribbean that are affected by drug trafficking register some of the highest proportions of homicides attributable to the activities of organized crime groups or gangs. Drug trafficking has also taken its toll in some countries in West Africa, contributing to corruption, a breakdown in governance and political instability.

11. Nevertheless, violence is not a certain consequence of drug trafficking, as demonstrated by the very different levels of violence registered worldwide in key transit or manufacturing countries. Even in the context of a so-called "truce", criminality continues to be a negative factor. It is indeed the strength, as well as the perceived strength, of the rule of law and related institutions that determines the level and impact of drug trafficking in affected communities. External stressors such as drug trafficking take advantage of institutional gaps, even in resilient and economically strong countries. The effects of stress caused by violence might have very different costs for society, development and institutions, depending on the response that Governments can and are willing to offer.

4. Drugs and sustainable development

12. The global drug phenomenon is intertwined with a vast array of social and economic issues that exert pressure on development while at the same time being driven or influenced by development levels. The response to this phenomenon, at the international, regional, national and community levels itself generates further interplay with the broader social context and introduces additional complexity to this dynamic.

13. Drugs have significant negative consequences for social development, including premature death, impaired quality of life, loss of productivity and unemployment. Drug trafficking also undermines sustainable development by contributing to insecurity, violence and corruption and eroding the rule of law.

14. In turn, development can play a role in the evolution of the drug problem. For example, poverty can be associated with drugs, at the level of both drug crop

cultivation and drug use. Unemployment, inequality, social deprivation and lack of alternative livelihoods, to name but a few issues, can all be viewed as deficiencies in development that feed aspects of the drug problem. The impact of drug use also has different implications in countries with fewer resources where budgets stretched in the face of multiple health issues do not allow for access to adequate care. But there is no straight negative correlation between drugs and development. While the production of plant-based drugs has tended to be concentrated in communities with low levels of development, the same cannot be said for the manufacture of synthetic substances. Developed countries also tend to account for a disproportionate share of drug use but fare better in ensuring the availability of controlled drugs for medical purposes.

15. Just as development and the drug phenomenon may interact in complex ways, the two streams of intervention — promoting development and countering the drug problem — may either be mutually reinforcing or work at cross purposes. Many drug policy interventions result directly or indirectly in the increased economic and social resilience of their target recipients. But drug control and development policies can inadvertently hinder each other if the linkages between drugs and development are not properly considered in the design and implementation of such policies.

16. While interventions to curb drug supply or demand need to ensure positive development outcomes, development efforts need to be sensitive to the vulnerabilities of specific persons, communities and countries to the drug problem. In particular, rural development policies should integrate proper consideration of the drivers of illicit crop cultivation, where relevant. The new 2030 Agenda for Sustainable Development provides the basis for this by linking social and economic development to governance and the rule of law.

5. Drugs and human rights

17. Human rights are an important element in formulating an effective response to the world drug problem. The international community has stressed on several occasions that, in order to be effective and sustainable, efforts to address the world drug problem need to be in line with the requirements of the international human rights instruments.[12]

18. An overall concern of the drug control conventions is the "health and welfare of mankind."[13] The right to the highest attainable standard of health is a human right recognized in the International Covenant on Economic, Social and Cultural Rights[14] and the Convention on the Rights of the Child.[15] Access to essential medicines, equal opportunity for everyone to enjoy the highest attainable level of health and the right to prevention and treatment of diseases are some of the main

[12] For example, the Commission on Narcotic Drugs, in its resolution 51/12, reaffirmed the importance of countering the world drug problem in a multilateral setting with full respect for all human rights and fundamental freedoms.

[13] See the preamble of the 1961 Convention as amended by the 1972 Protocol and the preamble of the 1971 Convention.

[14] General Assembly resolution 2200 A (XXI), annex, article 12.

[15] United Nations, *Treaty Series*, vol. 1577, No. 27531, article 24.

entitlements contained in the right to health.[16] Under the drug control conventions, States parties have recognized that the availability of internationally controlled narcotic drugs and psychotropic substances for medical and scientific purposes is indispensable and that their availability to relieve pain and suffering should not be unduly restricted.[17]

19. The international drug control conventions have given the flexibility to provide people who possess, purchase or cultivate drugs for personal consumption, or in other situations considered minor in nature, measures of treatment, education, aftercare, rehabilitation and social reintegration, either as an alternative to conviction or punishment or in addition to conviction or punishment, taking into account the gravity of the offence.[18] Also, States parties are required to take measures to prevent drug abuse and provide for the early identification, treatment, education, aftercare, rehabilitation and social reintegration of persons who abuse drugs.[19] Regard for human rights standards also requires special attention to the protection of children from drug use and the prevention of the use of children in the illicit production and trafficking of such substances.[20]

20. International human rights law protects the inherent right to life.[21] Although the death penalty is not generally prohibited under international law, it is regarded as an extreme exception to the inherent right to life, which as such, must be interpreted in the most restrictive manner.[22] The International Covenant on Civil and Political Rights provides that "in countries which have not abolished the death penalty, sentence of death may be imposed only for the most serious crimes."[23] The meaning of the "most serious crimes" has been elaborated in the safeguards

[16] See general comment No. 14 (2000) on the right to the highest attainable standard of health, adopted by the Committee on Economic, Social and Cultural Rights (E/C.12/2004/4), and the Office of the United Nations High Commissioner for Human Rights, *Fact Sheet No. 31*, Human Rights Fact Sheet Series (Geneva, June 2008).

[17] See the preamble of the 1961 Convention on Narcotic Drugs as amended by the 1972 Protocol; the preamble of the 1971 Convention; article 4, paragraph (c), of the 1961 Convention on Narcotic Drugs as amended by the 1972 Protocol; and article 5, paragraph 2, of the 1971 Convention.

[18] See preamble of the 1961 Convention as amended by the 1972 Protocol; the preamble of the 1971 Convention; article 4, subparagraph (c), of the 1961 Convention as amended by the 1972 Protocol; and article 5, paragraph (2) of the 1971 Convention.

[19] Article 38 of the 1961 Convention as amended by the 1972 Protocol and article 20 of the 1971 Convention.

[20] Article 33 of the Convention on the Rights of the Child.

[21] Article 3 of the Universal Declaration of Human Rights; article 6, paragraph 1, of the International Covenant on Civil and Political Rights. See also the preamble to the Second Optional Protocol to the International Covenant on Civil and Political Rights, aiming at the abolition of the death penalty, and article 1 of the same instrument.

[22] Article 6, paragraph 2, of the International Covenant on Civil and Political Rights limits the imposition of the death penalty, for countries that retain it, to most serious crimes, in accordance with applicable law when the offence was committed. See also article 2 of the Second Optional Protocol to the International Covenant on Civil and Political Rights, which prohibits reservations to be made to the Protocol, except for those that provide for the application of the death penalty in time of war pursuant to a conviction for a most serious crime of a military nature committed during wartime.

[23] Article 6, paragraph 2, of the International Covenant on Civil and Political Rights. States parties to the Covenant having become parties to its Second Optional Protocol have committed themselves to abolishing the death penalty within their jurisdiction.

guaranteeing the protection of the rights of those facing the death penalty,[24] which provide that the scope of "most serious crimes" should not go beyond intentional crimes with lethal or extremely grave consequences. The imposition of the death penalty for drug offences is not part of sanctions foreseen under the international drug control conventions.[25] In fact, there is no compelling evidence that the death penalty directly contributes to addressing crime, including the drug problem. However, its use may sometimes adversely affect international cooperation, particularly with regard to extradition.[26]

21. The right to security is another important right to be respected in the implementation of effective drug control measures. This right requires that State authorities act in compliance with the rule of law and international norms and standards concerning, inter alia, the use of force, the protection of victims and the treatment of offenders. The right to security also implies safety from crime and violence and a corresponding duty of State authorities to prevent and suppress drug trafficking and other related organized criminal activities that specifically threaten individual citizens.

6. Drugs and transnational organized crime

22. Organized criminal groups have different structures. While they may operate through rigid hierarchical organizations or through networks of small, agile groups, they all typically function by means of corruption, the control of territory and the imposition of their criminal codes of behaviour. Transnational organized criminal groups are profit-driven and are engaged in all manner of illicit enterprises which can produce substantial revenue: drug trafficking, prostitution, gambling, smuggling of migrants, trafficking in persons, firearm trafficking and the sale of other goods and services prohibited in lawful society. While imposing their territorial dominance, these groups pose several threats to societies, including violence or the threat of violence, the erosion of the rule of law and the undermining of social and economic development.

23. Organized criminal groups are very versatile: they typically control a number of illicit businesses in addition to drug trafficking and can quickly adapt to new market trends and changing risks. As occurs in all other illicit domains, organized criminal groups manage drug markets by adapting to find the path of least resistance and the greatest profit in delivering drugs to consumer markets. This implies that any focused action to hinder drug trafficking, when effective, may lead organized crime to change strategies to mitigate risk by, for example, exploring new routes, locations and methods, marketing new types of substances, targeting new consumer markets or moving to new illicit activities.

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[24] Economic and Social Council resolution 1984/50, annex.

[25] See article 36, paragraph 1 (a), of the 1961 Convention as amended by the 1972 Protocol; article 22, paragraph 1 (a), of the 1971 Convention; and article 4 (a) of the 1988 Convention. See also the Commentary on the United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988 (United Nations publication, Sales No. E.98.XI.5), paras. 3.102-3.105.

[26] See the report of the Secretary-General on capital punishment and implementation of the safeguards guaranteeing protection of the rights of those facing the death penalty (E/2015/49 and Corr.1), para. 57.

24. Given that, it is rather simplistic to assume that removing the illicit drug trade resolves the problem of transnational organized crime. Most of the profits of criminal organizations are made by bypassing regulatory systems (related, for example, to drugs, migration, protection of species, mining, waste management, intellectual property) and liberalizing one of those systems would only shift the focus of organized crime to other systems. In addition, the liberalization of drug markets would still require some limitations, for example, relating to taxes and age of accessibility, and criminal organizations would still find economic opportunities in circumventing them. Addressing transnational organized crime requires more effective and substantial long-term investment in individuals and communities that need to find alternative social and economic solutions supported by legitimate and transparent institutions and robust rule of law.

7. Drugs and corruption

25. The United Nations Convention against Corruption recognizes that corruption is one of the greatest threats to governance and thus also to security and stability. In the context of the global drug problem, the link between corruption and drugs is recognized in the United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988 and the 2009 Political Declaration and Plan of Action on International Cooperation towards an Integrated and Balanced Strategy to Counter the World Drug Problem.

26. Widespread corruption undermines the effectiveness of the criminal justice system in confronting the profitable criminal activity associated with drug trafficking and production, including related crimes of violence, money-laundering and extortion. At the same time, transparent, effective and accountable public institutions and the integrity of public service providers are essential to the successful reduction of drug demand, including prevention, treatment and rehabilitation of persons who use drugs.

27. Countries affected by widespread corruption are highly vulnerable to illicit drug production and trafficking. While corruption is an enabler of large-scale illicit drug production and drug trafficking, these phenomena also tend to further fuel corruption, thus creating a vicious circle. Subsequently, corruption and the drug problem need to be tackled simultaneously.

8. Drugs and the environment

28. Several aspects of the illicit drug supply chain have an impact on the natural environment, particularly where drugs are illicitly cultivated and manufactured. Illicit cultivation of drugs often contributes to deforestation. It also involves the excessive use of herbicides and pesticides. Coca bush cultivation has been detected in protected areas in all three producing countries in the tropical Andes — the world's most biologically diverse area. The spatial distribution of illicit coca cultivation has great potential to affect biodiversity, much of it irreplaceable, as the species populations are small and already threatened.

29. The illicit manufacture of drugs, particularly in ecologically sensitive areas, can be damaging to the environment. Clandestine laboratories often require significant amounts of toxic chemicals for the manufacture of their products. The

unused chemicals, as well as the by-products, often find their way into forests and rivers, polluting all their surroundings.

30. Environmental concerns also arise in connection with the efforts to reduce the illicit supply of drugs. For example, the disposal of chemicals found in dismantled illicit laboratories often poses a challenge, and environmentally responsible methods are required to prevent a negative impact on the environment.

9. Drugs and gender

31. Men are three times more likely than women to use illicit drugs such as cannabis, cocaine or amphetamines, but women are more vulnerable than men to the misuse of prescription drugs.[27] The gender differences are far less pronounced among the younger generations.[28] In a few industrialized countries, there are even marginally more girls than boys experimenting with drugs, although in most countries the proportion of young men using drugs is still significantly higher than the proportion among young women.[29] The proportion of females who inject drugs tends to be rather small at the global level. However, data suggest that in a number of countries, the spread of HIV among women who inject drugs is even greater than among men who inject drugs.[30] In addition to the risks arising from sharing contaminated needles, unprotected sex further increases the risk of HIV transmission.

32. The gender difference among drug traffickers is greater than among drug users. According to data reported by Member States to the United Nations Office on Drugs and Crime (UNODC), almost 90 per cent of drug traffickers arrested worldwide in the period 2010-2014 were male. Nonetheless, there are indications that a number of trafficking groups make explicit use of vulnerable women as drug couriers to smuggle drugs across borders for small sums of money or to perform low-level, high-risk tasks. These women are usually minor players and often become involved in drug trafficking as a result of manipulation, coercion, poverty or their own drug addiction.[31]

33. In many countries, women who are imprisoned for drug offences make up a large proportion of the female prison population.[32] Female offenders and prisoners, especially those with drug use disorders, face particular hardship because in many instances, criminal justice systems are not yet equipped to handle the special needs of women. Women affected by drug use disorders are more vulnerable and more stigmatized than men. They suffer from co-occurring mental health disorders to a

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[27] *World Drug Report 2015*.

[28] B. Hibell and others, *The 2011 ESPAD Report: Substance Use among Students in 36 European Countries* (Stockholm, Swedish Council for Information on Alcohol and Other Drugs, 2012; and United States, Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Behavioral Health Statistics and Quality, *Results from the National Household Survey on Drug Use and Health: Detailed Tables* (Rockville, Maryland, 2015).

[29] *The 2011 ESPAD Report* and *Results from the National Household Survey on Drug Use and Health: Detailed Tables*.

[30] *World Drug Report 2015*.

[31] *Handbook on Women and Imprisonment*, Criminal Justice Handbook Series (United Nations publication, Sales No. E.14.IV.3), p. 114.

[32] Ibid., p. 116.

greater extent than do men and are more likely to have been victims of violence and abuse, but they are far less likely than men to access treatment.[33] Women often develop a hidden form of addiction, in many cases with prescription drugs, and they may suffer loneliness, helplessness and hopelessness, in turn perpetuating the compulsive attitude. Unfortunately, research, guidelines and training programmes concerning people who use drugs largely remain male-focused or fail to address gender-related differences.

B. Lessons learned from the implementation of effective interventions

1. Prevention and treatment of drug use and HIV

34. In the context of engaging with Governments and civil society to implement evidence-based prevention and treatment services, including for HIV, UNODC has learned a number of lessons.

35. The perspective of the poorest individuals is sometimes forgotten when discussing drug use. In low-income countries and in disadvantaged communities drug use has a different impact on individuals than "recreational", "sporadic" (non-frequent), and "well-controlled" (will-driven free choice) drug use in wealthy and protected communities. For many affected by social deprivation such as social exclusion, abuse, neglect and exploitation, drug use can be a mechanism to cope with psychological and physical pressure. Such populations also have greater vulnerability to transitioning from sporadic use to drug use dependence, particularly when they start using drugs at an early age.

36. Effective drug prevention can provide children and youth with the skills and opportunities to develop safe and healthy behaviour in their families, schools and communities. Prevention resources are more effective if directed towards evidence-based and quality prevention programmes and policies, rather than towards isolated and spontaneous efforts.

37. The use of any psychoactive drug other than for medical purposes can have negative health consequences. Medicines are meant to improve the health status of individuals but can be detrimental to health if misused. Drugs controlled under the international drug control conventions are no different. For these reasons, access to psychoactive substances is in general controlled in all societies, not only in relation to the international drug conventions but also in connection with national regulatory systems for medications. Genetic differences in the way the physical systems of individuals react to drugs, in terms of both desired and adverse effects, show that a drug that appears to be harmless for one individual could be harmful for another.

38. Drug use disorders are health issues that are related to social conditions, and they require an evidence-informed health-centred response, complemented with social responses, including preventing or delaying the initiation of drug use and addressing drug use disorders with treatment, care, rehabilitation and social reintegration. Criminal justice measures often do not facilitate access to life-saving prevention and treatment services, including for overdose, HIV and hepatitis C. Services for persons with substance use disorders are effective only when they are

[33] *World Drug Report 2015*.

voluntary, easily accessible, appealing and mainstreamed in the network of the community-based health-care system.

39. Laws, policies and practices that are grounded in promoting the concept of health have increased access to life-saving prevention and treatment services, including naloxone for overdose management, needles and syringes programmes, opioid substitution therapy, voluntary HIV testing and antiretroviral therapy.

40. It is important to promote the right to health of people who use drugs in order to eliminate discrimination in health-care, criminal justice, employment and social protection settings. The meaningful engagement of civil society and community-based organizations plays a critical role in reaching people in need and in implementing effective services at all stages, including planning, implementation and evaluation.

2. Supply reduction

41. Fighting drug trafficking and organized crime, which are in a continuous state of flux, requires effective responses. In its efforts to support Member States, UNODC has noted that some approaches can bring measureable results in achieving versatility in supply reduction efforts and in addressing drug trafficking in general.

42. The use of criminal intelligence and effective national capacity to collect, analyse and share criminal intelligence remains critical to addressing drug trafficking. In addition, the prioritization of dismantling and prosecuting individual criminal organizations remains far more effective than focusing on individual drug seizures. A cohesive and coordinated response of criminal justice institutions is equally important. It is only when seizures, investigations and prosecutions can all be linked that court actions are successful and the work of rule of law, social support and health agencies can provide a cohesive response.

43. Strengthening and establishing regional and interregional coordination platforms is useful to initiate and coordinate actions against organized criminal networks, undertake coordinated prosecutions in multiple countries and address money-laundering and the proceeds of crime. This includes developing joint training platforms to strengthen parity in law enforcement expertise and capacity to facilitate joint operations; and building trust and facilitating the sharing of information and intelligence among law enforcement and prosecuting/judicial authorities through joint training and operational exercises and coordination of regional efforts. The UNODC interregional approach and "network of networks" initiative has provided a new paradigm for the regional and international cooperation architecture. Through peer-to-peer interaction, this platform has built trust and enhanced communication and information-sharing not only among countries but also among regions.

44. The Commission on Narcotic Drugs and its subsidiary bodies remain an essential platform where countries discuss forms of international cooperation, considering all aspects of the drug problem. International partnerships involving different regional and international organizations, including but not limited to UNODC, the World Customs Organization, the International Criminal Police Organization (INTERPOL), the European Police Office and the Economic Community of West African States, help provide coordinated and specialized assistance to Member States. More synergies are achieved by "networking" those

organizations and platforms created to increase cooperation and provide specialized assistance.

45. Given that profit is the driving force for organized criminal groups, stemming financial flows from drug trafficking, including anti-money-laundering activities and asset recovery, is a resource-efficient and cost-effective type of intervention that can reduce the availability of drugs. While offering a full spectrum of tools to combat money-laundering and illicit financial flows, ranging from legislative frameworks, the exchange of information, the development of capacity for financial investigations and financial disruption methodology, UNODC has learned the importance of national coordinating mechanisms and the availability of up-to-date technologies.

3. Alternative development

46. Alternative development is a globally recognized international drug control strategy that can be successful only if there is long-term investment, a strong political commitment and a broad development perspective. There has often been a misconception about the effectiveness of alternative development. Many projects have been limited in geographic scope and been financed on a short-term basis, thus affecting their sustainability. The measurement of a project's impact has too often given insufficient attention to socioeconomic indicators. Nevertheless, as demonstrated by the research presented in the *World Drug Report 2015* and by the accumulated experience, there are certain elements that ensure success.

47. Alternative development programmes are effective when they are mainstreamed into broader national development programmes and when they have the necessary physical infrastructure and support for access to markets. Land use rights and land titling have proved to be determinant factors in reducing the vulnerability of farmers to undertaking the illicit cultivation of drug crops, and they are sine qua non conditions for sustainable alternative development programmes.

48. Alternative development is best integrated with other supply reduction strategies (eradication and associated law enforcement activities) when it is properly sequenced to give farmers ample time to adapt to development programmes. Such integration establishes and maintains trust between rural communities affected by illicit cultivation and the State, an important element for sustainable success.

49. Alternative development programmes have gone far beyond food security and limited poverty reduction strategies. Long-term socioeconomic and institutional changes that generate broader development have become standard strategies. The full participation of beneficiaries has proved to be crucial in achieving this objective.

50. To be effective, alternative development programmes need to consider cultural specificities and the prevailing economic conditions of the target communities to ensure ownership and sustainability.

51. The sustainability of alternative development programmes requires the rational use of natural resources and measures to ensure that interventions do not negatively impact on either wildlife and forest resources or on agronomic characteristics. Some alternative development programmes have gone beyond targeting social and economic development and have been expanded to consider environmental

sustainability. Such contributions to environmental conservation, which alternative development programmes benefit from, include improving soil quality, preventing deforestation and forest degradation, and incorporating integrated pest management practices to improve yields and the quality of licit agricultural crops.

4. Forensics

52. Forensic science continues to be a significant nexus between science and the law and is an important element of effective criminal justice systems. It plays a key part in upholding the rights of the individual by providing unambiguous evidence to exonerate the innocent and prove guilt. In the area of drug control, forensic science fosters increased understanding of drug markets, enriches trend analyses and ultimately supports the development of evidence-based policies.

53. The tangible impact of forensic analysis is visible in the insight it gives into emerging threats such as the phenomenon of new psychoactive substances and the use of alternative precursors or pre-precursors to circumvent an otherwise effective control regime. The evidence-based approach to effective prevention and treatment responses has been enhanced through forensic toxicology analysis, particularly the early identification of emerging harmful substances of abuse. As anticipated in the 2009 Political Declaration and Plan of Action, forensic science has improved our understanding of drug markets, particularly those of amphetamine-type stimulants, and our preparedness to anticipate and address emerging developments such as new/alternative ways of manufacture of controlled substances.

54. Despite the significant progress made, most countries still lack access to quality forensic science services in their efforts against drugs. Promoting the implementation of forensic best practices, and encouraging and facilitating international cooperation through the establishment and maintenance of regional forensic science networks remain important elements for sustainable forensic science services.

5. Criminal justice

55. The international drug control conventions have ensured that illicit drug-related activities, such as the production, manufacture, sale, distribution, importation and exportation of drugs for non-medical non-scientific purposes, are established as criminal offences and made liable to punishment proportionate to their gravity.[34] The 1988 Convention has added a strong emphasis on offences that enable and facilitate drug-related offences — the organization, management and financing of drug trafficking and the laundering of its proceeds — and has strengthened the mechanisms of international cooperation to address those serious offences.

56. At the same time, the drug control conventions expressly encourage the provision of alternatives to conviction or punishment for "appropriate cases of a minor nature". Examples of this approach are the diversion of minor cases from the criminal justice system through the exercise of police or prosecutorial discretion,

[34] See article 36, paras. 1 and 2, of the 1961 Convention on Narcotic Drugs as amended by the 1972 Protocol; article 22, paras. 1 and 2, of the 1971 Convention; and article 3, paras. 1-7, of the 1988 Convention.

and the imposition of non-custodial measures as an alternative to imprisonment. This is in line with the international drug control conventions and with the requirements of an effective and human rights-compliant penal policy.[35]

57. The excessive use of imprisonment for drug-related offences of a minor nature is indeed ineffective in reducing recidivism and overburdens criminal justice systems, preventing them from efficiently coping with more serious crime. The provision of evidence-based treatment and care services to drug-using offenders, as an alternative to incarceration, has been shown to substantially increase recovery and reduce recidivism.[36] Even the most costly forms of alternative interventions (such as drug courts) are more cost-effective than imprisonment. Those approaches require effective coordination between the health and justice systems.[37] Overuse of imprisonment for minor drug-related cases may lead to overcrowding and to the infringement of the human rights of those imprisoned, and may exacerbate the transmission of HIV and other diseases among people who inject drugs.

58. Limited data are available on drug-related offences in different stages of criminal justice systems. Based on information provided to UNODC by 29 Governments, drug-related offences recorded by police, in particular offences related to possession for personal consumption as opposed to trafficking offences, have followed a broadly increasing trend in recent years, contrary to other kinds of conventional crime. The same information suggests that at the early stages of contact with the criminal justice system the number of possession-for-personal-consumption offences exceeds the number of trafficking offences but that the conviction rate for possession-for-personal-consumption offences tends to be lower than the rate for trafficking offences.

59. These factors contribute to determining the relative share of persons convicted of drug trafficking and drug possession for personal consumption offences in prison. On the basis of the limited data available, more than three quarters of all persons held in prison for drug offences have been convicted for drug trafficking and less than a quarter for drug possession for personal consumption.[38]

60. Another major concern is forcible drug dependence treatment and the confinement of people suspected of using or being dependent on drugs in compulsory detention and rehabilitation centres without due process of law.

61. Children with substance abuse disorders are of particular concern within the justice system. Frequently, they are exploited by gangs and organized criminal groups in the illicit drug market. In many countries, the majority of children who are in detention are either children affected by drug dependence or children who have committed drug offences. Common challenges are the overreliance on the deprivation of children's liberty and the insufficient application of drug treatment

[35] See article 36, para. 1 (a), of the 1961 Convention as amended by the 1972 Protocol; article 22, para. 1 (a), of the 1971 Convention; and article 4 (a) of the 1988 Convention.

[36] See Commission on Narcotic Drugs, resolution 55/12. See also UNODC, *Introductory Handbook on the Prevention of Recidivism and the Social Reintegration of Offenders*, Criminal Justice Handbook Series (Vienna, 2012), p. 43.

[37] The Commission on Narcotic Drugs dedicated its resolution 58/5 to supporting collaboration of health and justice authorities in pursuing alternative measures to conviction or punishment for appropriate drug-related offences of a minor nature.

[38] Based on data submitted to UNODC from 29 countries.

programmes or other alternatives to detention,[39] despite international obligations to use the deprivation of liberty only as a measure of last resort.[40]

II. Recommendations

62. The spirit of the three international drug conventions — to protect the health and welfare of humankind — remains relevant today as the mobilizing goal of the international community. While countries may express different views on priorities or propound different strategies to implement the conventions, there remains a fundamental unifying recognition that international cooperation, together with a balanced and integrated approach, is an essential element of drug control. The following recommendations are meant to inspire practical steps that individual Member States and the international community can take to implement the drug conventions in a humane and effective way.

A. The new global Sustainable Development Goals agenda

63. The multidimensional approach to development embraced by the Sustainable Development Goals calls for a multidimensional approach to the drug problem. Target 3.5 explicitly addresses the need to improve prevention and treatment of substance use disorders, and target 3.3 calls for ending the AIDS epidemic by 2030, including among people who inject drugs. Many other targets and goals are relevant to drug policy. The root causes of drug use, production and trafficking can be addressed only if factors related to security, governance and social-economic-environmental conditions are taken into consideration. In this context, the Sustainable Development Goals can give a new paradigm to guide the implementation of the drug conventions with the Sustainable Development Goals targets related, for example, to corruption (target 16.5), illicit financial flows and organized crime (target 16.4), violence (target 16.1), the rule of law (target 16.3) becoming an integral part of the efforts to combat drug trafficking and other targets related to public health (Goal 3), rural development (targets 2.3, 2.4 and 2.a), the environment (Goal 15), gender equality (Goal 5), reducing inequalities (Goal 10), employment (Goal 8) and industrial development (Goal 9) promoting conducive strategies to address drug use and drug production.

64. There should be an interconnectivity between the implementation and monitoring of the Sustainable Development Goals and the work of the Commission on Narcotic Drugs and its related implementation and monitoring of the Political Declaration and Plan of Action on International Cooperation towards an Integrated and Balanced Strategy to Counter the World Drug Problem. Member States are encouraged to work through the Commission to point out the linkages between

[39] See the report of the independent expert for the United Nations study on violence against children (A/61/299), para. 61. See also the thematic report by the Special Representative of the Secretary-General on Violence against Children entitled *Promoting Restorative Justice for Children* (New York, 2013).

[40] Convention on the Rights of the Child, article 37. See also rules 1 and 2 of the United Nations Rules for the Protection of Juveniles Deprived of their Liberty (General Assembly resolution 45/113, annex).

drugs and development in the broad regular review of the Sustainable Development Goals.

B. Research and the evidence-based approach to drug control

65. Additional efforts and funds are needed to assist less-resourced countries to improve the generation of data and analysis. The international community should support the scaling-up of the implementation of traditional data collection systems such as surveys, improving the quality of routine statistics in the criminal justice system and in health institutions as well as looking at new research areas related, for example, to the links between terrorism and drug trafficking and the links between drugs and sustainable development.

66. Traditional indicators used by the international community to monitor drug supply, drug use and its consequences remain valid today, but new drug-related indicators are needed to monitor the drug situation in its totality. New areas of development include, but are not limited to, illicit financial flows and the scale and impact of alternative development. National drug observatories, national institutions which collect and analyse data on the drug situation in countries, statisticians and regional and international organizations should together initiate a discussion to technically review current metrics used to monitor the drug problem and its impact with a view to better supporting the international community with the right tools to implement effective drug policies.

67. The academic community, national drug monitoring offices, regional and international organizations should continue to support and undertake unbiased and rigorous policy analysis research to (a) continuously develop/refine possible options for response to the rapidly changing drug problem; (b) monitor the outcome and direction of policy decisions to address emerging issues in a more comprehensive manner; and (c) understand the extent and patterns of drug markets throughout the supply chain and drug use and the health consequences.

68. Member States are encouraged to scale up their support to global and regional drug monitoring systems such as the UNODC annual report questionnaire and the collection of information on individual seizures in order to ensure that the transnational nature of the drug problem is analysed regularly and the international community can continue to rely on authoritative information on the size and characterization of drug use and its consequences and on the size and nature of drug markets.

69. Monitoring the cultivation and production of traditional drugs such as opium/heroin and coca/cocaine should remain fundamental to understanding the evolution of global drug markets and prediction of drug use fluctuations.

70. In addition to monitoring the supply of and the demand for traditional drugs, a strong emphasis also needs to be placed on monitoring the spread of new psychoactive substances — which is a major challenge given the rapidly changing patterns of such drug use at the national, regional and global levels. An important instrument in this regard is the UNODC early warning advisory on new psychoactive substances, which may need to be further developed and maintained with the support of Member States.

C. Criminal justice reform: alternatives to conviction or punishment and health in prisons

71. Member States are reminded of applicable human rights law and the United Nations standards and norms in crime prevention and criminal justice when developing and implementing drug policies. Practical steps can be taken to promote an effective human rights-based criminal justice response to the drug problem:

(a) Provide for and implement a wide range of non-custodial measures (particularly for children), so as to apply alternatives to conviction or punishment for possession for personal consumption offences and appropriate cases of a minor nature;

(b) Implement laws and policies which ensure that sentences are proportionate to the offences committed and take into account the rehabilitative needs of the offender and the interests of society;

(c) Consider, in line with General Assembly resolutions concerning a moratorium on the use of the death penalty,[41] the abolition of the death penalty for drug offences or the establishment of a moratorium on executions with a view to such abolition;

(d) Consider moving away from compulsory drug detention and rehabilitation centres and ensure that drug treatment is voluntary, evidence-informed and rights-based;

(e) Ensure that persons who use drugs and are in contact with the justice system, particularly juvenile justice systems, have access to a continuity of services as offered in the community from counselling to evidence-based drug dependence treatment and other HIV/hepatitis prevention and treatment services;

(f) Promote integrity and ensure that criminal justice institutions, including prisons, have adequate human, financial and physical resources to protect the rights and respond to the treatment needs of persons who use drugs and are in contact with the justice system, and provide specialized training for criminal justice professionals dealing with drug offenders, including on the international legal framework and on the medical aspects of drug addiction and drug-related crimes;

(g) Implement specific measures to eliminate discrimination against women in the criminal justice system. Provide gender-sensitive services for women who use drugs, including specialized prevention and treatment programmes, including for HIV, taking into account prior victimization, the special needs of pregnant women and women with children, as well as their diverse cultural backgrounds;

(h) Collect, analyse and publish gender- and age-disaggregated data and evidence (particularly for children) on drug offences and the performance of the health and the criminal justice systems in responding to those offences, including the involvement of women, girls and children in drug trafficking, especially as couriers;

[41] General Assembly resolutions 62/149, 63/168, 65/206, 67/176 and 69/186.

(i) Strengthen the collaboration of child protection, health, educational and justice institutions to better protect children affected by drug dependence and children who have committed drug offences.

D. Implementing a health approach to drugs

72. The implementation of an effective health approach to drugs requires, as a matter of urgency, a comprehensive and science-based response to drug use, focused on science and not ideological discussions. There are concrete steps that Member States can take in this direction:

(a) Reflect on best practices and develop national legislation that is effective and up-to-date. Roll out large-scale training of health professionals to learn about the latest research findings on the risks and resilience of drug use and the medical and social conditions affecting drug use disorders;

(b) Ensure that policies and programmes addressing drug use respect the rights and dignity of the affected people, similar to prevention, treatment and rehabilitation policies and programmes designed for any other health issue;

(c) Implement prevention activities which are culturally sensitive and are based on approaches which have been proved to be effective;

(d) Make all components of prevention, treatment, care, rehabilitation and social reintegration services gender-sensitive and improve the availability, accessibility, affordability and acceptability of the services for women with drug use disorders;

(e) Ensure full access to controlled drugs for medical purposes, most notably for the treatment of pain. To that end, Member States should enhance international cooperation and share lessons learned and best practices to address identified barriers to the availability of controlled substances for medical and scientific purposes such as attitudes and knowledge of the provisions of the international drug conventions; national legislation and regulatory frameworks; and economic and procurement-related issues;

(f) Invest more in evidence-based prevention, treatment, care, rehabilitation and social reintegration services for persons with drug use disorders, in the context of implementing the relevant sustainable development goals on health (targets 3.3 and 3.5 of the Sustainable Development Goals), gender (Goal 5), equality (Goal 10) and justice (Goal 16);

(g) Explore how health issues could be integrated into the existing Commission on Narcotic Drugs subsidiary bodies (the regional Meetings of Heads of National Drug Law Enforcement Agencies and the Subcommission on Illicit Drug Traffic and Related Matters in the Near and Middle East), with a view to facilitating meaningful discussions among health experts, adopting practical recommendations and strengthening regional cooperation on demand reduction issues, including HIV and hepatitis;

(h) Involve the medical and scientific community, civil society and community groups in all stages of planning, implementing and evaluating initiatives

and strategies. Their engagement is vital to help ensure that steps taken are acceptable among the intended beneficiaries and are thus as effective as possible.

E. Addressing the supply of drugs: improve national, regional, interregional and international cooperation

73. Member States need to maintain and increase capacities to support domestic law enforcement action against drug trafficking networks and transnational organized crime through strategic intelligence. At the same time, they are encouraged to actively participate in regional networks and platforms by appointing focal points, constructively share information and act in concert with other countries in joint operations.

74. Member States are encouraged to respond to security threats related to long-distance drug trafficking and retail distribution of drugs with a view to dismantling large organizations while addressing the security of communities.

75. The Commission on Narcotic Drugs and Member States are invited to support the "network of networks" initiative in which different regional law enforcement and prosecutor/magistrate networks can cooperate to monitor cross-regional trafficking, activate common responses, share information and good practices and overcome obstacles. Within this framework, single countries can benefit from joint training platforms/networks and the exchange of training curriculums and materials, facilitating the implementation of sophisticated joint operations (e.g., controlled delivery and surveillance) and the undertaking of operations against the use of technologies and cyberspace.

76. Member States and regional and international organizations are encouraged to develop regional and interregional platforms (in addition to existing national and international platforms) to identify, target and confiscate illicitly acquired assets and proceeds of drug trafficking networks and transnational organized crime.

77. The political will of Member States is essential to regional, interregional and international cooperation, and each Member State shall afford one another international cooperation in criminal matters, acting upon requests for extradition and mutual legal assistance in a prompt and coordinated manner. Coordination and cooperation between private and public partners should be enhanced to strengthen the capacity of law enforcement agencies to investigate, gather electronic evidence and prosecute trafficking offences supported by the Internet.

78. International cooperation should be enhanced not only through the cooperation and coordination of Member States but also among regional and international organizations. International entities such as UNODC, INTERPOL and the World Customs Organization should enhance strategic and operational partnership and maintain close collaboration based on the complementarity of their respective mandates.

F. Alternative development: increasing the allocation of resources and looking at the Sustainable Development Goals

79. Member States and the donor community are invited to translate political statements in support of alternative development into concrete financial commitments. To be successful, alternative development requires strong political and financial commitment at the central and local levels, as well as the mainstreaming of sustainable development strategies and programmes (including rule of law, health, education and infrastructure) in areas affected by or at risk of illicit crop cultivation. Farmers and beneficiaries must be fully involved in the planning, implementation and evaluation of programmes, and the best use must be made of non-governmental organizations and the private sector, as applicable. In many countries facing serious illicit crop problems, the financial support of the international donor community and international financial institutions will remain essential in the foreseeable future to meet the costs of programmes which require a time frame of up to 10 years. The United Nations Guiding Principles on Alternative Development,[42] adopted by the General Assembly in 2013, continues to provide a valid comprehensive framework which can be used to design, implement, monitor and evaluate alternative development interventions.

80. With the new Sustainable Development Goals, future alternative development programmes will have to be grounded in a more complex framework addressing in particular targets dealing with the environment, security, the rule of law and governance, gender equality and inequalities.

G. International shared responsibility

81. With respect to the principle of international shared responsibility, a special effort should be made to support those countries with weak capacities, limited resources and multiple health priorities in order to enhance prevention and treatment. In the context of a truly balanced approach, such an increase in aid for public health responses should not be to the detriment of supply reduction efforts but take place within the context of cost-effective outputs to the benefit of both the recipient country and the international community. International aid flows and technical assistance, as channelled through UNODC, need to reflect this new paradigm of the special session on the world drug problem of a balanced and health-centred approach.

82. Increasing impact at the operational level is also to be effectuated by strengthening coordination among United Nations agencies as they contribute within their mandates to help Member States address the world drug problem. Member States have mandated UNODC to be the leading United Nations entity in addressing the world drug problem, while also requiring a comprehensive approach covering all aspects on a global scale. In line with the 2030 Development Agenda, UNODC is thus well positioned to mobilize and coordinate the strengths and work of other United Nations agencies — for example, in the areas of health, the environment and security — to inform Member States' policy deliberations and technical assistance.

[42] General Assembly resolution 68/196, annex.

83. Finally, UNODC has been making good progress in assisting Member States to implement integrated country, regional and global programmes in UNODC mandated areas. In order to continue to deliver the required support and services, UNODC needs to rely on a stable and assured funding stream that allows for significant forward planning, tackling emerging needs, advising on evidence-based policies based on solid research, devising strategic management based on the evaluation of lessons learned, launching new programmes and guaranteeing a limited set of core functions.